



RENTON POLICE DEPARTMENT VOLUNTEER APPLICATION

Personal Information

Name _____ Date of Birth _____

Address _____ City/State/Zip _____

Social Security # _____ Email Address _____

Drivers License # _____ Home Phone _____ Other Phone _____

Do you have any special requirements or a health condition that the Renton Police Department should be aware of while you are a volunteer? Yes ☐ No ☐

If yes, please describe _____

In case of emergency, please notify:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Physician's Name _____ Phone _____

In case of an emergency, can we release the above information to the emergency medical crew, clinic, or hospital?
Yes ☐ No ☐

Past Experience

Employment and/or Volunteer Experiences _____

Education/Training _____

Special Skills or Hobbies _____

Volunteer Opportunities

There are a variety of volunteer opportunities with the Police Department. In order to provide maximum satisfaction, volunteers will be carefully matched according to their choice, skills, and available assignments.

Do you have a volunteer preference _____

Skills _____

Times Available Morning ☐ Afternoon ☐ Evening ☐
Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Weekends ☐

References

List two references (other than family) whom the Police Department can contact and their relationship to you (friend, employer, etc.)

Name _____ Phone _____ Relationship _____

Address _____ City/State/Zip _____

Name _____ Phone _____ Relationship _____

Address _____ City/State/Zip _____

Background Statement

By my signature, I authorize the Renton Police Department to do a background check of my criminal record.

Signature _____ Date _____

Community Programs Coordinator, Renton Police Department
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